## FILING DATE SERIAL NO. MULTIPLE DEPENDENT CLAIM APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER 1.1 AMENDMENT 2nd AMENDMENT AS FILED DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. ı ı ı 1 16 ì 1 18 1 19 1 20 1 21 1 22 | 23 ı | 24 1 28 1 29 TOTAL TOTAL TOTAL DEP. TOTAL DEP. TOTAL 44